



The Indiana Governor's Planning Council for People with Disabilities

MEMORANDUM

TO: Interested Organizations

FROM: Governor's Planning Council for People with Disabilities

SUBJECT: Revised Guidelines (June, 2000) and forms for the Consumer Investment Fund Program - Organizational Applicants

The CIF program has been renamed to better reflect Council goals and purposes. It will now be known as the Consumer Investment Fund (CIF). Through CIF, the Council has made a commitment to invest resources in people with disabilities and family members (consumers) to enable them to attend and participate in events that reflect the "community inclusion" mission of the Council. It is anticipated that this investment will result in increased knowledge about issues and a commitment, from those who accept the funds, to share information with others and participate in activities that will contribute to the independence, productivity, integration and community inclusion of people with disabilities.

Changes have been made to the CIF program to maximize the use of the funds and improve outcomes. The following changes apply to the organizational application process:

1. If the request is for a conference or workshop, CIF should be used to cover a maximum of 70% of the expenses the consumer will incur. If the person/family is receiving Social Security or TANIF, 100% of expenses may be covered if desired. Expenses like mileage, food per diem, child care, etc that exceed 70% should be paid by the person if they are not low income. Expenses related to disability like lift equipped transportation may be covered for all, if included in the budget.
2. Funds have been divided in quarterly allotments. The quarters are July-September; October-December; January-March; and April-June. When the funds allocated during a quarter are exhausted, applications will not be approved except for events that will occur during the next quarter. **THIS MAKES IT MORE IMPORTANT TO GET YOUR APPLICATION IN EARLY.**
3. Each organization is limited to a maximum of \$10,000 in CIF Funds per year and \$5,000 per event.
4. CIF funds cannot be used for employees attending a job related conference or to make a presentation on behalf of their employers.
5. **Organizations must insure that each CIF recipient receives a copy of the enclosed Memo and Outcome Form from the Council.** Organizations are also required to submit a list of all the people who attended the event using CIF Funds before a reimbursement check can be issued. The list must include name, address, day telephone number or e-mail. Someone from the Council WILL contact each person regarding their outcome forms and activities.

4. Our fiscal agent has changed. The Mental Health Association will be handling reimbursements and paperwork. They can be reached at 1-800-555-644 or (317) 638- 3501.

Policies: Consumer Investment Funds may be requested by an individual, who lives in Indiana, or by a sponsoring agency or organization who is willing to handle ***all the paper work involved***. A maximum of \$5,000 per in state event and \$1,000 per individual is available to support the attendance of consumers who do not have organizational support at conferences and meetings.

- ! If an Indiana organization is sponsoring a conference or event and wishes to provide assistance to consumers who may want to attend, Consumer Investment Funds may be requested. The agency or organization making the request **must be the sponsor** of the event **and be willing to handle all the paper work involved, including reimbursement of consumers**.
- ! If an organization wants to assist consumers who wish to attend other conferences, **individual request forms should be filled out for each person or family** who wishes to attend (they can be submitted together).
- ! Funds can be used for conferences/seminars which will enhance consumers knowledge about disability issues and citizen participation in the decisions which affect their lives. Funds can also be used for participating in meetings or service agency boards, county councils, advocacy agency meetings, zoning boards, public hearings, etc.
- ! Due to limited funds, **individuals may only attend two non Council-sponsored events or series of events per calendar year under a Council scholarship including agency requested scholarships**. A statement to that effect should either be included on the registration forms or be part of the internal scholarship request process to ensure that consumers are notified of that restriction.
- ! Events cannot be funded outside the United States according to state travel rules.
- ! Directors or other high level full time employees of an agency that provides disability related services and employees attending a conference to make a presentation, on behalf of their employers, are not eligible for CIF funds.
- ! **BLACK OUT PERIOD** - No scholarships will be approved for other conferences the week before and the week after the Governor's Planning Council for People with Disabilities Annual Statewide Conference. **For 2000 the conference will be December 12 and 13th The black out period is December 4-22, 2000.**

Application process: The process begins with a request for funding on the attached forms which includes **an estimated number of people to be supported, a conference agenda or event description, and an approximate budget**. We also request that agencies consider reducing registration fees for consumers, especially those receiving TANIF, SSI OR SSDI.

- ! Applications must be completely filled out and **MUST** be submitted a **MINIMUM of 5 WEEKS** prior to a conference, preferably prior to the publication of registration materials, so the Council can be appropriately recognized for its contribution. ***The Council reserves the right to further restrict funding based on yearly budget allocations and availability.***

- ! The budget must indicate a 30% match that is to offset the request. Any additional match above 30%, that can be justified is greatly appreciated. Match can include expenses not reimbursed to scholarship recipients, registration fees paid by non scholarship recipients or any other actual or in kind expense not paid for with other federal funding. Some examples of items that cannot be considered match include staff time of a person whose salary is paid by federal funds, and registration fees paid by an agency or program which is federally funded, such as Vocational Rehabilitation.
- ! Dollars may be shifted between budget items, since specific costs may not be known at the time of the request. For instance, if \$400 was budgeted for hotel overnight expenses and actual expenses are \$500, the higher amount may be charged if the total expenses do not exceed the amount budgeted overall.
- ! **CIF funds cannot be used as a subsidy for conference expenses.** The CIF budget cannot include general conference expenses (i.e. speaker fees, printing, staff pay, etc.).

Approval/Reimbursement process: When applications are received, the date is recorded and they are set aside for staff review.

- ! Information on applications will be mailed within 5 work days of our receipt of the application. If not approved, the application will be returned with an explanation of why the request was denied. If appropriate, a letter will be sent requesting additional information. If provided on the application, we will also send this information via e-mail.
- ! If approved, a memo will be sent to the applicant with any conditions or changes and an outcome form. A copy will be sent to the agency that administers the program (Mental Health Foundation). Mental Health Foundation will then send the applicant claim vouchers and information on how to claim reimbursement.
- ! Brochures/registration information developed for the conference should indicate that a limited number of scholarships for people with disabilities/families are available on request, and the **registration forms and a conference program should indicate scholarship funding from the Council.**
- ! The sponsoring agency is responsible for collecting bills and receipts for lodging and other expenses and for handling and submitting the information needed for reimbursement of consumers. Consider having the hotel and respite/attendant providers invoice your agency directly, since consumers may not be able to pay up front and wait for reimbursement. When the conference is over and all expenses have been calculated, the agency will be reimbursed. The backup material, including receipts and a record of match money sources, must be submitted with the claim vouchers.
- ! If desired, instead of reimbursing consumers from the agencies office, the attached application forms can be modified and used by consumers who will be reimbursed for expenses related to the conference. The sponsoring agency must still collect receipts and claim vouchers, signed by each scholarship recipient, and insure that the total amount does not exceed \$5,000 or the total amount requested. The information can be sent to The Mental Health Foundation and the consumer will be directly reimbursed.

- ! State travel rules must be used in making a scholarship request and billing for reimbursement. See the attached overview of budget and state travel guidelines.
- ! Occasionally people who are signed up for a conference are not able to attend. If this happens in the case of a scholarship recipient **reimbursement may not be claimed** for that individual from the CIF fund.

Accountability: Each year, when considering the renewal of this program, the Council reviews information on the outcomes and benefits of the fund. This information is part of reports to the Council and the federal program, and is used to demonstrate the value of continued expenditures for the Consumer Investment Fund program. The future of the program depends on documentation of how consumers use the information they gain from the event to benefit themselves, their family, and the larger disability community. Agencies must submit a report on the use of the CIF funds and the consumer benefit. The report should include the following:

- ! A list with full names, addresses and dollars allotted to each person who attended the conference under Council funds. **THIS LIST MUST BE SUBMITTED TO THE MENTAL HEALTH FOUNDATION WITHIN TWO WEEKS AFTER THE CLOSE OF THE CONFERENCE. A copy of this list should also be sent to the Governor's Planning Council for People with Disabilities.** The remaining items needed for the report can be submitted to The Mental Health Foundation with the final claim voucher.
- ! The total number of people who received Council support, whether they are people with disabilities or family members, type of disability, county of residence, and the number of people of color who received a scholarship (African-American, Hispanic/Latino, Asian, other).
- ! A copy of the enclosed **CIF PARTICIPANT OUTCOME FORM** filled out by each recipient. We understand that there is no guarantee that recipients will submit the forms to the agency. **We do require that applicants be informed that they are required to submit this form and that the form is sent or given to each participant. Participants should be informed that the outcome form must be submitted before any additional CIF requests will be authorized for that person.** The final report should include a simple statement of the procedure used to obtain outcome statements.
- ! A copy of the registration form, final conference program, or any other materials indicating that the Council provided funds to support consumers and sample copies of any internal CIF request forms or letters that were used, if applicable.

Please feel free to call the Council office at (317) 233-4551 or e-mail at GPCPD@in.net if you have any questions about the application or billing process.



Revised 12/29/99

The Indiana Governor's Planning Council for People with Disabilities

ORGANIZATIONAL CONSUMER Investment - REQUEST FOR FUNDING

*** Please review the accompanying guidelines prior to completing this form!**

NAME OF ORGANIZATION: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: () _____

FAX NUMBER: () _____

E-MAIL ADDRESS: _____

TITLE OF EVENT/ACTIVITY AND EVENT LOCATION: _____

DATE (S) from _____ **To** _____

BUDGET SUMMARY:

Amount requested (limit of \$5,000) _____

Match (30% required) _____

Total (add match) _____

EVENT SUMMARY: _____

INSTRUCTIONS: Please attach no more than 5 additional pages which describe the following points.

- A.** Estimated number of people to be supported;
- B.** A conference agenda, schedule or description of activities;
- C.** Budget (match in kind and other) + amount of request;
- D.** Outcomes - How will people with disabilities benefit? Especially in terms of increased independence, productivity, integration and inclusion.
- E.** **Application & A through D items - Must be received in GPC office by a minium of 5-weeks before conferences. NO EXCEPTIONS.**

For questions, call (317) 233-4551, Fax (317) 233-3712, TTY (317) 232-7771, or GPCPD@in.net

Mail to: GPCPD/CIF, 143 West Market Street, Suite 404, Indianapolis, IN 46204-2821



SAMPLE

The Indiana Governor's Planning Council for People with Disabilities

ORGANIZATIONAL CONSUMER Investment - REQUEST FOR FUNDING

*** Please review the accompanying guidelines prior to completing this form!**

NAME OF ORGANIZATION: Indiana TASH

ADDRESS: 8030 Warbler Way, Indianapolis, IN 46256

CONTACT PERSON: Gwen K. Chesterfield

TELEPHONE NUMBER: (317) XXX-XXXX

FAX NUMBER: (317) XXX-XXXX

E-MAIL ADDRESS: gpcpd@in.net

TITLE OF EVENT/ACTIVITY AND EVENT LOCATION: Annual Indiana TASH Conference:
"Building Community Connections for Children and Adults" Indianapolis, Waterfront Plaza Hotel

DATE (S) from April 17, 1999 **To** April 19, 1999

BUDGET SUMMARY:

Amount requested (limit of \$5,000)	<u>\$ 5,000.00</u>
Match (30% required)	<u>\$2,000.00</u>
Total	<u>\$7,000.00</u>

EVENT SUMMARY: Indiana TASH is requesting up to \$5,000 to cover conference registration, hotel accommodations, and travel expenses for 35 parents, family members, or individuals with disabilities.

INSTRUCTIONS: Please attach no more than 5 additional pages which describe the following points.

- A.** Estimated number of people to be supported;
- B.** A conference agenda, schedule or description of activities.
- C.** Budget (match in kind and other) + amount of request;
- D.** Purpose Statement - How will people with disabilities benefit? Especially in terms of increased independence, productivity, integration and inclusion.
- E.** **Application & A through D items - Must be received in GPC office by a minium of 3-weeks before in-state and 5-weeks before out-of-state conferences. NO EXCEPTIONS.**

For questions, call (317) 233-4551, Fax (317) 233-3712, TTY (317) 232-7771, or GPCPD@in.net

Mail to: GPCPD/CIF, 143 West Market Street, Suite 404, Indianapolis, IN 46204-2821

SAMPLE

The Indiana TASH requests support from the Governor's Planning Council for Persons with Disabilities to allow parents, family members, and/or individuals with disabilities to attend the Third Annual Indiana TASH Conference: "Building Community Connections for Children and Adults." The conference will be held in Indianapolis at the Waterfront Plaza Hotel on October, 10 and 11, 1999. Enclosed is the agenda and a recent newsletter article about our conference.

We are pleased to bring three speakers from out of state who are actively engaged in the best practices for people of all ages with disabilities. We have established a reputation for introducing new and unique topics in the area of services for people with severe disabilities. Mr. Lou Brown certainly exemplifies that posture - his work has been at the cutting edge for years. He is an excellent speaker who really appeals to parents. We expect a big turnout for his session. Ms. Zana Lutfiyya and Ms. Debbie Reidy have done extensive work in the area of achieving true social integration for persons with disabilities, that is, valued roles in meaningful activities with opportunities to build relationships. Zana and Debbie will provide new information to all of us about practical approaches to connecting people with others in the community.

Indiana TASH is requesting up to \$5,000 to cover conference registration, hotel accommodations, and travel expenses for 35 parents, family members, or individuals with disabilities. We will assume responsibility for recruitment of the individuals, conference registration, hotel reservations, and travel reimbursement. These scholarships will help us maximize statewide attendance to the conference.

Attached is our proposed budget.

SAMPLE

BUDGET FOR GPCPD SCHOLARSHIPS FOR IN-TASH III OCTOBER 10 & 11, 1999

	REQUESTED	MATCH
Two day registration for 35 people (based upon \$100 non-member rate for 2 days)	\$3,500.00	
15 rooms for two night accommodations at the Waterfront Plaza Hotel (based upon double occupancy at \$60 per night; singles cost \$50 per night)	\$1,100.00	
Travel expenses for people on Social Security outside the Indianapolis area (based upon 2,482 miles at .28 per mile)	\$400	
Registration fees from others in attendance		<u>\$2,000.00</u>
Sub-Total	\$5,000.00	\$2,000.00
Grand Total		<u>\$7,000.00</u>

OVERVIEW OF BUDGET AND STATE TRAVEL GUIDELINES

Mileage is calculated at a flat mileage rate. In-state mileage is reimbursed at \$.28 per mile for the first 500 miles and \$.14 per mile, up to 2500 miles. State mileage charts determine vehicle mileage and may vary from the consumer's estimate.

No receipts are required for meals. Meals are reimbursed at \$26 per day for in-state travel. The Mental Health Foundation deducts for any meal provided by the conference. Breakfast or lunch is valued at one-quarter of the daily rate (\$6.50) and dinner is valued at one-half of the daily rate (\$13.00). The actual amount received varies based on the time the individual leaves and returns home.

Tips: Tips and gratuities cannot be reimbursed.

Banquets/optional events: Expenses for banquets, and other conference events that do not include training, if listed on the registration form separately as an additional optional charge, cannot be reimbursed and should not be included in your budget.

Trips: Charges and transportation for sight seeing trips, offered by the conference sponsor to those who attend, cannot be reimbursed and should not be included in your budget.

CEU's: Cannot be reimbursed with Council Funds.

Original receipts or invoices must be provided for hotel, registration, and all other expenses for which reimbursement or payment is requested.



The Indiana Governor's Planning Council for People with Disabilities

Memorandum

To: Consumer Investment Fund recipient

From: Governor's Planning Council for People with Disabilities

Re: Outcomes Forms and Reporting

The Council is pleased to have been able to provide you with assistance to attend this event. The assistance was provided through the Council's Consumer Investment Fund (CIF). This program allows the Council to invest resources in people with disabilities and family members to enable them to attend and participate in events that reflect the "community inclusion" mission of the Council. The Council expects a return on its investment in the form of your increased knowledge about issues and a commitment, from you and others who attended, to share information with others, and to participate in community activities that will contribute to the independence, productivity, integration and inclusion of people with disabilities.

The Council requires people who receive Consumer Investment Funds to complete the attached Outcome Form after attending the conference/workshop. You will be contacted at a later date by Council staff collecting follow-up information on whether you achieved the outcomes you describe. Each year, when considering the renewal of this program, the Council reviews information on the outcomes and benefits of the fund. This information is part of reports to the Council and the federal program, and is used to demonstrate the value of continued expenditures for the Consumer Investment Fund program. ***The future of the program depends on your documentation of how you use the information you gain from the event to benefit yourself, your family, and the larger disability community.***

As you may know, people are eligible to receive assistance from the CIF fund for up to two non Council sponsored events per calendar year. These include events like this one, where an organization applied for funds to assist consumers to attend their event, and to events for which you make an individual request for assistance. If you wish to receive an individual application for CIF for a future event or conference please contact the Council office. The forms and information are also available on the Council's website.

Governor's Planning Council for People with Disabilities
143 West Market, #404, Indpls., IN 46204
(317)233-3712-Fax
(317)232-7770- Voice
(317)232-7771- TTY
GPCPD@in.net
<http://www.state.in.us/gpcpd/>



The Indiana Governor's Planning Council for People with Disabilities

CONSUMER INVESTMENT FUND OUTCOME FORM

(to be filled out after attending event)

This report can be submitted in writing, on diskette in ASCII or on audio cassette. **This form must be filled out AFTER you attend the event.** You will be contacted at a later date by Council staff collecting follow-up information on whether you achieved the outcomes you describe. Turn the form in to the conference coordinator or **Mail to: The Mental Health Foundation/CIF, 55 Monument Circle, Suite 455, Indianapolis, IN 46204.**

NAME: _____

COUNTY: _____ PERSON WITH A DISABILITY OR FAMILY MEMBER (circle one)

EVENT TITLE: _____ LOCATION: _____

EVENT DATE: _____ DAY PHONE/E-Mail: _____

Do you receive the Council's On Target newsletter? ☐ YES ☐ NO, ADD ME ☐ NO, DON'T ADD ME

The most important thing I learned at this event was:

As result of this event I will take the following actions:

How will you share the information with others? (Be specific)

Have you received other Council Investment Fund grants during the past calendar year? _____

If yes, please give the date and title of the event(s):

Do you have any comments or suggestions about the Consumer Investment Fund program?

PLEASE NOTE:

Below and on the following pages are examples of information and forms your agency may wish to use for people requesting individual scholarships to attend your agency's event or workshop. The forms will need to be modified to include the names and dates of the conference, contact person, address, the expenses you plan to reimburse and so on....

SAMPLE FORMS

SCHOLARSHIP INFORMATION

There will be scholarships available to attend (*Name of your conference/workshop*) on (*Give date/s of event*) in (*Give city of event location*). These scholarships are made possible through the Indiana Governor's Planning Council for People with Disabilities.

ELIGIBLE PEOPLE: Scholarships are available to individuals with disabilities, and their family members. There are limitations to the funds available, so scholarships will be awarded on a first come first serve basis.

ELIGIBLE EXPENSES: Scholarship funds can be applied to offset some of the costs of participating in the conference. Expenses which can be reimbursed by the scholarship include (*modify according to your application request*) registration fees, lodging, personal care assistance, etc.

HOW TO APPLY: Fill out the attached Scholarship Application form. Please give us enough information so that we may contact you if we have questions about your application.

WHERE TO APPLY: Send your completed form to: (*person in charge of conference arrangements name, address, etc.*)

If you have any questions, or need assistance, call (*telephone, TTY numbers*).

NOTIFICATION: You will be notified whether or not your scholarship has been approved.

REIMBURSEMENT: At the workshop, you will receive a Claims Form in your Registration Packet, Submit your Claims Form with all your RECEIPTS to (*name of person in charge of conference arrangements, address, etc.*)

SCHOLARSHIP OUTCOME FORM: Must be filled out after the conference and returned to (*name of person in charge of conference arrangements*) with your receipts. **Failure to fill out this form will result in future CIF requests being denied by the Governor's Planning Council for People with Disabilities.**

(SAMPLE) SCHOLARSHIP APPLICATION FORM

(Name of event)

(Date and Place of Event)

Name: _____

Please check:

Are you an individual with a disability? _____ Are you a parent of a person with a disability? _____

Are you a family member of a person with a disability? _____ .

My family receives: _____ SSI _____ SSDI _____ TANIF _____ NO ASSISTANCE _____

Optional - for demographic information only: I am (circle one) African-American, Caucasian, Hispanic/Latino, Asian, Other _____

My Address: _____

Phone: () _____ **Fax:** () _____ **E-mail:** _____

Reasons I wish to attend the Workshop/Event:

How will you/your family benefit from the Workshop/Event:

Please provide a list of conference expenses that you will request reimbursement for (*list only expenses in categories that are listed in the agency application*).

Registration Fee: \$XX (covered by conference sponsor)

Hotel (at \$XX + Tax/night): \$ _____

Other Disability related

Social Security (SSI/SSDI) or TANF Recipients only

Other Costs: \$ _____ **Specify what they are:** _____

TOTAL REQUESTED: \$ _____

EXPENSES I WILL PAY: \$ _____ **(Specify what expenses you will pay):** _____

Signature: _____ **Date:** _____

(SAMPLE) REGISTRATION FORM

(Conference name/dates)

This form may be copied for a friend

Registration deadline is: (deadline date here)

If you would prefer to register by phone, call (person's name here) at

Phone: (555) 555-4444 TTY: (555) 555-4444 Toll-free: (if available)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone/TTY: () Fax: () E-mail: _____

_____ Enclosed please find my check/money order in the amount of (Registration fee).

_____ I want to apply for training funds. (Governor's Planning Council training funds are available for people with disabilities and family members and are limited to 2 non-Council events per calendar year).

REQUEST FOR ACCOMMODATIONS

To ensure your needs are met, we must receive your request by (Date).

_____ **Interpreter Services:**

_____ **ASL or other (please specify):** _____

_____ **Large Print materials:** _____

_____ **Assistive listening devices (please specify):** _____

_____ **Orientation to the meeting site:** _____

_____ **I will bring a personal care assistant (Name):** _____

_____ **Requirements not covered above:** _____

Mail your registration forms to: (Your contact person's name)

(Organization's Name)

(Address)

(City, State, Zip)